

SCHEDULE B.

(See section 12.)

(FORM OF CERTIFICATE WHERE CHILD IS INSUSCEPTIBLE OF SMALL-POX.)

I, the undersigned, hereby certify that I have three times unsuccessfully vaccinated * *, the child of * *, residing at * *, in the vaccination-area of * *, and I am of opinion that the said child is insusceptible of successful vaccination.

Dated this * * day of * * 18 * *.

(Signature of Medical Practitioner
or Public Vaccinator.)

(Form of Certificate where child has already had small-pox.)

I, the undersigned, hereby certify that I have examined * *, the child of * *, residing at * *, in the vaccination-area of * *, and that I am of opinion that the said child has already had small-pox.

Dated this * * day of * * 18 * *.

(Signature of Medical Practitioner
or Public Vaccinator.)

SCHEDULE C.

(See section 13.)

I, the undersigned, hereby certify that * *, the child of * *, age * *, resident at * *, in the vaccination-area of * *, has been successfully vaccinated by me.

Dated this * * day of * * 18 * *.

(Signature of Medical Practitioner
or Public Vaccinator.)

SCHEDULE D.

(See section 16.)

To

[Here insert the name of the parent, guardian or other person who gives
information of the child's birth.]

Take notice that the child of * * * * * whose
birth has this day been registered, must be vaccinated under the provisions

of the Bombay District Vaccination Act, 1891, within twelve months from the date of its birth, under a penalty of fifty rupees.

The public vaccine-station nearest to the house in which the child was born is at * * .

The days and hours for vaccination at that station are as follows:—

(Here insert the days and hours when the public vaccinator is in attendance.)

On your taking, or causing the child to be taken, to the public vaccinator at the said station within the said hours on any of the said days, or at any other public vaccine-station in the vaccination-area on the days and within the hours prescribed for public vaccination at such station, it will be vaccinated free of charge.

You should be careful to have one of the annexed forms of certificates filled in by the public vaccinator, or, if you employ a private medical practitioner to vaccinate the child, by such medical practitioner, and to keep the same in your possession. Any such certificate will be granted to you by a public vaccinator free of charge.

Dated the * * of * * 18 * *.

Registrar of Births.

SCHEDULE E.

(See section 29.)

REGISTER OF POSTPONED VACCINATIONS FOR THE VACCINATION-AREA OF

Consecutive Number.	Name of Child.	BIRTH.		Date of Certificate of Postponement.	Signature of Registrar.
		Year.	Number of entry in Register.		